

COMMUTER HERD PERMIT NUMBER CO/UT2K12-_____

SECTION I

CO to UT _____ UT to CO _____ PLEASE CIRCLE STATE BELOW

COLORADO INFO:

Name/Ranch Name: _____
Physical Address of Cattle: _____ City: _____ Zip: _____ Cty: _____
Tele: _____ Cell: _____ Fax: _____ E-Mail: _____
USDA Premises ID# (if applicable) _____

UTAH INFO:

Name/Ranch Name: _____
Physical Address of Cattle: _____ City: _____ Zip: _____ Cty: _____
Tele: _____ Cell: _____ Fax: _____ E-Mail: _____
USDA Premises ID# (if applicable) _____

No. of cattle to be pastured in **CO/UT**: Cows _____ Calves _____ Heifers _____ Bulls _____ Females OCV? _____
Bulls Trich tested? _____
Does this herd co-mingle with anyone else's herd in **CO/UT** _____ if yes, name/grazing association _____
(con't)

Date of movement into **CO/UT**: _____ Date of return to **CO/UT**: _____

SECTION II – Please read carefully and sign below

1. I agree to move only cattle from my breeding herd, including breeding bulls, cows, and their calves. *Purchased feeder or other temporary use cattle (trader cattle) are not allowed to be included on this permit.*
2. The cows on this agreement are REQUIRED to be Official Calf-hood vaccinate for Brucellosis (Bangs vaccinated).
3. I agree to have all bulls tested for Trichomoniasis upon return to Colorado, after having been separated from female cattle for one week.
4. If my cattle become exposed to Brucellosis or Tuberculosis in either state, I will agree to any necessary testing as may be required.

HERD VETERINARIAN (Please Print): _____ Tele: _____
Address: _____ City: _____ Zip: _____

PRODUCER SIGNATURE: _____ **Date:** _____

SECTION III

*****FOR OFFICIAL USE ONLY*****
OFFICIAL APPROVAL

The above cattle owner is approved for the movement of his/her cattle between Colorado and Utah, as requested in this agreement for pasture.

_____ CO State Animal Health Official _____
Date Signature

OFFICIAL APPROVAL

Upon the recommendation of your State Veterinarian, I hereby approve your application for the movement of cattle as specified and under the terms and conditions specified in your application.

_____ UT State Animal Health Official _____
Date Signature